	Average temp. of air.	Average temp. of head.
Table 1	18.9420° C.	35.7945° C.
" 2	13.6708° C.	35.0776° C.
" 3	9.6938° C.	34.8098° C.
" 4	7.0147° C.	34.1939° C.

"From the above values there appears to be a general relation between the average temperature of the air and of the head in the several tables compared with each other. Thus as the average temperature of the air falls, in the list, the average temperature of the head likewise declines; but the fall in the head is but slight compared with that occurring in the air, the maximum of the former being only 1.6° C., while the latter at its greatest, is 11.9° C."

Dr. Lombard believes that the *seasons* undoubtedly have an effect on the results of experiments such as he performed, apart from the simple absolute temperatures concerned.

Whatever may be the fate of cerebral thermometry as a means of diagnosis, such praiseworthy labours as those of Dr. Lombard must be most relied upon in determining its scientific position. C. K. M.

ART. XXXVII.—*The Relations of the Abdominal and Pelvic Organs in the Female, illustrated by a full-sized chromolithograph of the Section of a Cadaver frozen in the Genu-pectoral position, and by a series of wood-cuts.* By Professor ALEXANDER RUSSELL SIMPSON and Dr. DAVID BERRY HART. Folio, pp. 11. Edinburgh: W. and A. K. Johnston, 1881.

THE process of making "frozen sections" is well described here, and as it has but rarely been practised in this country it may be well to allude to it. In this special case in order to prevent the displacement of the viscera by the pressure of the freezing mixture the cadaver was inclosed in a galvanized zinc case, surrounded by a large wooden box. The box had holes in it for the escape of the water, and the ice and salt were frequently stirred up. The body was kept in this for a week—a longer time than usual—but necessary on account of the unusual posture. The zinc case being then removed, a broad, salmon-bellied, two-handled saw, with moderately sized teeth, was used to saw it in the median line, water from the melting mixture being occasionally thrown over it. Each half was then replaced in its half of the zinc case and the freezing mixture in order to make accurate, full-sized tracings. This was done by thin, transparent plates of gelatine. The drawing was then transferred to paper, coloured, and lithographed. For permanent preservation the sections are to be sawn in slabs two to four inches in thickness; placed, while still frozen, in suitable block-tin or glass trays, surrounded by plaster of Paris to prevent displacement on freezing, and preserved by weak spirit.

The author does not believe that the distension of the vagina by air in the genu-pectoral posture alone will replace the retroverted uterus, but advises that the volsella be used to draw the uterus down towards the perineum, and that the cervix be then carried towards the sacrum, when the fundus by its weight will swing forwards; or, that rectal distension be used; or, that direct pressure on the fundus be employed. It can scarcely, however, be denied that the postural treatment not only aids greatly in the reposition, but that clinically it is an efficient and practical means of accomplishing that result. Moreover, his plate would seem to show that gravity without the volsella or other means certainly would do nearly all that Campbell and others have claimed.

To the anatomist the plate affords an excellent means of study of the relations of parts of great interest; and the bibliography appended is a commendable feature which every writer of a monograph should imitate.

W. W. K.

ART. XXXVIII.—*The Structural Anatomy of the Female Pelvic Floor.* By DAVID BERRY HART, M.D., F.R.C.P.E., Assistant to the Professor of Midwifery in the University of Edinburgh, etc. 4to. pp. 42, with 26 Figures and 2 Plates. Edinburgh: Maclachlan & Stewart, 1880.

ALTHOUGH in time the publication of this book antedated Prof. Simpson's, yet as the work of his pupil and assistant, and as correlated to his own, it may properly follow it. Nor need the teacher be ashamed of the pupil. If this be a sample of what he may do in the future, there is much good stuff in him. It is a graduation thesis which well deserved the gold medal and the Syme Fellowship which it won.

The author studies, first, the closed female pelvic floor in vertical mesial section (or, we much prefer to say, "sagittal," since "vertical" is indefinite), and coronal mesial section; secondly, the pelvic floor opened up naturally by labour and by the genu-pectoral posture; thirdly, its pathological displacements in prolapsus uteri (or, as he calls it, "sacro-pubic hernia"), and in instrumental hauling down of the uterus, and then the bimanual exploration of the pelvis, the artificial opening of the pelvic floor by specula, and, finally, its artificial support by pessaries.

His Anatomy has relation not only to structure but also to function. He differentiates the pelvic floor into a "pubic" and a "sacral segment." The line of division is the axis of the vagina. The pubic segment is loose in texture since the bladder and post-pubic fat are its chief constituents, and loose in its bony attachments, and can be displaced upwards as in labour, or downwards as in prolapsus uteri and in the genu-pectoral posture; while the sacral segment is firm in its texture, for it is made up chiefly of the perineum and the firmly closed anus and its sphincter, can be driven down as in labour, but remains in position in prolapsus (except the posterior vaginal wall), and also in the genu-pectoral posture. Three "lines of cleavage," he also draws attention to, viz., the vaginal, rectal, and recto-vaginal, *i. e.*, midway between the two. The first divides the pelvic floor into its two segments as above, and is the physiological line of cleavage; the second limits the displacements in the bimanual examination, and is the instrumental line of cleavage; the third differentiates the displacements in prolapsus, and is the pathological line of cleavage, names which, while we may take exception to them (especially the "instrumental"), yet we must see their value in the specific applications thus made.

In one thing we are glad to see he is no uncertain watchman. The uterus is not suspended by the ligaments to any valuable extent, nor supported by the vaginal walls alone, but "rests on the compact unbroken pelvic floor." His plates, presumably made from frozen sections, though he does not say so, thoroughly sustain the idea, and the results of lacerations of the perineum corroborate it.

W. W. K.